

Case Number:	CM14-0157671		
Date Assigned:	09/30/2014	Date of Injury:	08/13/2013
Decision Date:	10/28/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is diagnosis with lumbar strain. Date of injury was 8/8/13. Regarding the mechanism of injury, a co-worker fell forward onto the injured worker's back. The progress report dated 7/17/14 documented subjective complaints of low back and right leg pain. Injured worker reported low back pain that radiates to right leg down to calf. Objective findings were documented. Physical examination findings included lumbar tenderness, decreased sensation to light touch L4-S1 on the right. Motor strength was 4/5 in the right lower extremity. Negative straight leg raise bilaterally was observed. Range of motion was limited. Achilles and patellar reflexes were intact. Diagnoses were lumbar strain. Treatment plan included Naproxen, Cyclobenzaprine, Omeprazole, and TENS unit. The treating physician's impression was that the "injured worker's current symptoms are out of proportion to MRI and EMG findings. I suspect injured worker's pain is a significant biopsychosocial aspect, which is causing this disparity. Injured worker will return to clinic for depression screening for possible CBT cognitive behavioral therapy. I am also requesting chiropractic as the injured worker has not had any spinal alignment done. If no response to CBT and chiropractic, a repeat MRI may be done in the future." Electromyography EMG and nerve conduction study dated March 21, 2014 documented that there was no electrodiagnostic evidence of lumbosacral radiculopathy or peripheral neuropathy. MRI magnetic resonance imaging of the lumbar spine dated 11/05/2013 reported mild disc dessication at L5-S1. Utilization review determination date was 8/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Magnetic Resonance Imaging (MRI) Lumbar without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Back Section :MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304, 308-310.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints states that relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false-positive test results). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 308-310) recommends MRI when cauda equina, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative. Medical records documented previous MRI and EMG reports. MRI magnetic resonance imaging of the lumbar spine dated 11/05/2013 reported mild disc dessication at L5-S1. Electromyography EMG and nerve conduction study dated March 21, 2014 documented that there was no electrodiagnostic evidence of lumbosacral radiculopathy or peripheral neuropathy. The progress report dated 7/17/14 documented the treating physician's impression was that the "injured worker's current symptoms are out of proportion to MRI and EMG findings. I suspect injured worker's pain is a significant biopsychosocial aspect, which is causing this disparity." Inconsistency in the injured worker's presentation was documented. No plain film radiograph results were documented. ACOEM guidelines recommend plain film x-ray radiographs before considering MRI. There were no spinal surgical considerations. There was no suspicion of cauda equina, tumor, infection, or fracture. Per ACOEM guidelines, MRI of the lumbar spine is not supported by the medical records. Therefore, the request for Magnetic Resonance Imaging (MRI) Lumbar without Contrast is not medically necessary.